Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Filing at a Glance

Companies: Liberty Insurance Corporation, Liberty Mutual Fire Insurance Company, Liberty Mutual Insurance Company,

LM Insurance Corporation, The First Liberty Insurance Corporation

Product Name: Workers Compensation SERFF Tr Num: LMUG-125916074 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC Co Tr Num: LWCF-CW-021-08 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Author: Anne Aschbrenner Disposition Date: 12/04/2008

Date Submitted: 12/03/2008 Disposition Status: Approved

Effective Date Requested (New): Effective Date (New): 12/04/2008

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Policyholder Disclosure - Terrorism Insurance Premium Status of Filing in Domicile: Pending

Notices - Refile of Offer Forms

Project Number: LWCF-CW-021-08 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/04/2008

State Status Changed: 12/04/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

TERRORISM

INFORMATIONAL ONLY

PROJECT #LWCF-CW-021-08

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Liberty Mutual Insurance Company NAIC-0111-23043
Liberty Mutual Fire Insurance Company NAIC-0111-23035
LM Insurance Corporation NAIC-0111-33600
The First Liberty Insurance Corporation NAIC-0111-33588
Liberty Insurance Corporation NAIC-0111-42404

WORKERS COMPENSATION

POLICYHOLDER DISCLOSURE - TERRORISM INSURANCE PREMIUM NOTICES

The captioned companies submit the following offer forms to comply with the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) and the action taken by the National Council on Compensation Insurance (NCCI) to combine foreign and domestic terrorism into a single category, "Terrorism". Slight variations in offer forms have been made to accommodate line of business, distribution channel and system differences:

Form File Name:

2008 Form CWC TRIA Included Sept 08 Revised

Form Title:

Policyholder Disclosure - Terrorism Insurance Premium Notice

Form File Name:

Sept 2008 Revised WC TRIA Offer – Refer to Proposal

Form Title:

Policyholder Disclosure - Terrorism Insurance Premium Notice

These forms replace the previously filed and approved offer forms shown below:

Form File Name:

2008 Form WC Offer Form Dollar Amnt with DTEC

Form Title:

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Policyholder Disclosure - Terrorism Insurance Premium Notice

Form File Name:

2008 TRIA Offer Form CWC with DTEC

Form Title:

Policyholder Disclosure - Terrorism Insurance Premium Notice

This filing is submitted for informational purposes only.

I look forward to your approval/acknowledgement of this filing request.

Anne Aschbrenner

State Filings Analyst

Liberty Mutual Group

PO BOX 8070

WAUSAU WI 54402-8070

1-877-792-8728, Ext. 7052

Fax: 1-715-842-6828

Anne.Aschbrenner@wausau.com

Company and Contact

Filing Contact Information

Anne Aschbrenner, State Filings Analyst anne.aschbrenner@wausau.com

PO Box 8070 (877) 792-8728 [Phone] Wausau, WI 54402-8070 (715) 842-6828[FAX]

Filing Company Information

Liberty Insurance Corporation CoCode: 42404 State of Domicile: Illinois

PO BOX 8070 Group Code: 111 Company Type: Wausau, WI 54402-8070 Group Name: State ID Number:

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

(877) 792-8728 ext. [Phone] FEIN Number: 03-0316876

Liberty Mutual Fire Insurance Company CoCode: 23035 State of Domicile: Wisconsin

PO Box 8070 Group Code: 111 Company Type:

Wausau, WI 54402-8070 Group Name: State ID Number: (877) 792-8728 ext. [Phone] FEIN Number: 04-1924000

Liberty Mutual Insurance Company CoCode: 23043 State of Domicile: Massachusetts

PO Box 8070 Group Code: 111 Company Type:
Wausau, WI 54402-8070 Group Name: State ID Number:

(877) 792-8728 ext. [Phone] FEIN Number: 04-1543470

LM Insurance Corporation CoCode: 33600 State of Domicile: Iowa

PO Box 8070 Group Code: 111 Company Type: Wausau, WI 54402-8070 Group Name: State ID Number:

(877) 792-8728 ext. [Phone] FEIN Number: 04-3058504

The First Liberty Insurance Corporation CoCode: 33588 State of Domicile: Iowa

PO Box 8070 Group Code: 111 Company Type:
Wausau, WI 54402-8070 Group Name: State ID Number:

(877) 792-8728 ext. [Phone] FEIN Number: 04-3058503

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50 per form filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Insurance Corporation	\$0.00	12/03/2008	
LM Insurance Corporation	\$0.00	12/03/2008	
The First Liberty Insurance Corporation	\$0.00	12/03/2008	
Liberty Mutual Insurance Company	\$50.00	12/03/2008	24307060
Liberty Mutual Fire Insurance Company	\$0.00	12/03/2008	

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Correspondence Summary

Dispositions

StatusCreated ByCreated OnDate SubmittedApprovedCarol Stiffler12/04/200812/04/2008

Objection Letters and Response Letters

Objection Letters Response Letters Status Created By Created On Date Submitted **Responded By Date Submitted Created On** Carol Stiffler Anne Pending 12/04/2008 12/04/2008 12/04/2008 12/04/2008 Aschbrenner Industry Response

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Disposition

Disposition Date: 12/04/2008

Effective Date (New): 12/04/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	&Approved	Yes
Supporting Document	Form Inventory	Approved	Yes
Form	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 FORM CWC TRIA INCLUDED Sept 08 Revised	-	Yes
Form	Policyholder Disclosure - Terrorism Insurance Premium Notice - Sept 2008 Revised WC TRIA Offer - Refer to Proposal	Approved	Yes
Form	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 Form WC Offer Form Dollar Amnt with DTEC	Approved	Yes
Form	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 TRIA Offer Form CWC with DTEC	Approved	Yes

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/04/2008 Submitted Date 12/04/2008

Respond By Date

Dear Anne Aschbrenner,

You haven't indicated a requested effective date. What date do you want? It can be any date including the date of approval.

Please feel free to contact me if you have questions.

Sincerely, Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/04/2008 Submitted Date 12/04/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: In response to the objection letter sent today, we would like to use the earliest possible effective date; either the approval effective date or the effective date of January 5, 2009.

Your continued review of this filing is appreciated.

Thank you.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

No Rate/Rule Schedule items changed.

Sincerely,

Anne Aschbrenner

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure - Terrorism Insurance Premium Notice - 2008 FORM CWC TRIA INCLUDED Sept 08 Revised		n/a	Disclosure/ New Notice		0.00	2008 Form CWC TRIA Included Sept 08 Revised.pdf
Approved	Policyholder Disclosure - Terrorism Insurance Premium Notice - Sept 2008 Revised WC TRIA Offer - Refer to Proposa		n/a	Disclosure/ New Notice		0.00	Sept 2008 Revised WC TRIA Offer - Refer to Proposal.pdf
Approved	Policyholder Disclosure - Terrorism Insurance Premium Notice 2008 Form WC Offer Form Dolla Amnt with DTEC	r	n/a	Disclosure/ Withdrawn Notice	Replaced Form # Previous Filing #		
Approved	Policyholder Disclosure - Terrorism Insurance Premium Notice 2008 TRIA Offer Form CWC with	n/a -	n/a	Disclosure/ Withdrawn Notice	Replaced Form # Previous Filing #		

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

DTEC

[DATE]

[Policyholder Name and Address]

[Policy Number] Effective:[mm/dd/yy]

POLICYHOLDER DISCLOSURE -TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" <u>AND</u> that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to -
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;

- (iii) to have resulted in damage within the United States, or outside of the United States in the case of
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

MANDATORY PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from "certified acts of terrorism." Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy. The premium charge for this coverage is \$______.

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

[DATE]

[Policyholder Name and Address]

[Policy Number] Effective:[mm/dd/yy]

POLICYHOLDER DISCLOSURE -TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" <u>AND</u> that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to -
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;

- (iii) to have resulted in damage within the United States, or outside of the United States in the case of
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

MANDATORY PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from "certified acts of terrorism." Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

The premium charge for this coverage for the policy period is identified in the attached insurance proposal as premium for Certified Acts of Terrorism.

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: LWCF-CW-021-08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: Policyholder Disclosure - Terrorism Insurance Premium Notices - Refile of Offer Forms/LWCF-CW-021-08

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 12/04/2008

Property & Casualty

Comments:

Attachments:

F777 - Transmittal Document 3-1-2007.pdf F778 - Form Filing Schedule 3-1-2007.pdf

Review Status:

Satisfied -Name: Form Inventory Approved 12/04/2008

Comments: Attachment:

Forms List for TRIA Filing Nov 2008.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insura	nce Dept. Use Only	2. Ins	urance Dep	partment U	se only		
	, ,		a. Date the filing is received:					
			b. Analyst:					
				c. Disposition:				
				te of disposi	tion of the f	filing:		
				d. Date of disposition of the filing: e. Effective date of filing:				
				New Busir				
				Renewal E	Business			
			f. Sta	te Filing #:				
				RFF Filing #	<i>‡</i> :			
				bject Codes				
2	Group Name					Gro	oup NAIC #	
3.	Liberty Mutual Group	<u> </u>				111	-	
				I=		1	•	
4.	Company Name(s	•		Domicile	NAIC #	FEIN#		
	Liberty Mutual Insura			MA	23043	04-1543		
	Liberty Mutual Fire In			WI IA	23035	04-1924 04-3058		
	LM Insurance Corpor The First Liberty Insu			IA	33600 33588	04-3058		
	Liberty Insurance Co	·		IL	42404	03-0316		
		•	LWOE	l	1 1 1	100 00 10	1	
ວ.	Company Trackin	g Number	LWCF-	CW-021-08				
Co	ntact Info of Filer(s) or Corporate Office	r(s) [include	toll-free nu	mber]			
	ntact Info of Filer(s lame and address) or Corporate Officer Title	Telephon			e-m	ail	
6. N	lame and address	Title	Telephon #s	e FAX	#			
6. N	lame and address		Telephon #s 877-792-872	e FAX	#		ail r@wausau.com	
6. N	lame and address	Title	Telephon #s	e FAX	#			
6. N	nne Aschbrenner D BOX 8070	Title	Telephon #s 877-792-872	e FAX	#			
Ar PC	nne Aschbrenner D BOX 8070 AUSAU WI 54402-8070	Title State Filings Analyst	Telephon #s 877-792-872 Ext 7052	8 715-842-6	#			
Ar PC	nne Aschbrenner D BOX 8070	Title State Filings Analyst	Telephon #s 877-792-872	8 715-842-6	#			
6. N Ar PC W 7. Si	nne Aschbrenner D BOX 8070 AUSAU WI 54402-8070	Title State Filings Analyst ed filer	Telephon #s 877-792-872 Ext 7052	8 715-842-6	#			
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6. N Ar PC W 7. Si 8. P Fili 9. 10. 11. 12. 13.	ignature of authorized lease print name of a sub-Type of Insurance Sub-Type State Company Program Filing Type	Title State Filings Analyst ed filer authorized filer e General Instructions e (TOI) cance (Sub-TOI) oduct code(s) (if Specific Requirements] m Title (Marketing title) Requested	Telephon #s 877-792-872 Ext 7052 Anne Ascht for descripti 16.0 Worker Rate/Lo Forms Withdra New:	8 715-842-66 orenner ions of these Compensation oss Cost Combin	# anne.a e fields) on Rules ation Rates ner (give de	Rates/Russ/Foscription)	er@wausau.com	
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6. N Ar PC W 7. Si 8. P Fili 9. 10. 11. 12. 13.	ignature of authorized lease print name of a sub-Type of Insurance Sub-Type State Company Program Filing Type	Title State Filings Analyst ed filer authorized filer ee General Instructions e (TOI) fance (Sub-TOI) educt code(s) (if Specific Requirements] in Title (Marketing title) Requested zation (if applicable) zation # & Title	Telephon #s 877-792-872 Ext 7052 Anne Ascht for descripti 16.0 Worker Rate/Lo Forms Withdra New:	8 715-842-68 orenner fions of these Compensation Combination No No	# anne.a e fields) on Rules ation Rates ner (give de	Rates/Russ/Foscription)	er@wausau.com	

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # |LWCF-CW-021-08

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

TERRORISM - INFORMATIONAL ONLY

PROJECT #LWCF-CW-021-08

Liberty Mutual Insurance Company
Liberty Mutual Fire Insurance Company
LM Insurance Corporation
The First Liberty Insurance Corporation
Liberty Insurance Corporation
NAIC-0111-23043

WORKERS COMPENSATION

POLICYHOLDER DISCLOSURE - TERRORISM INSURANCE PREMIUM NOTICES

The captioned companies submit the following offer forms to comply with the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA) and the action taken by the National Council on Compensation Insurance (NCCI) to combine foreign and domestic terrorism into a single category, "Terrorism". Slight variations in offer forms have been made to accommodate line of business, distribution channel and system differences:

Form File Name:

2008 Form CWC TRIA Included Sept 08 Revised

Form Title:

Policyholder Disclosure - Terrorism Insurance Premium Notice

Form File Name:

Sept 2008 Revised WC TRIA Offer - Refer to Proposal

Form Title:

Policyholder Disclosure – Terrorism Insurance Premium Notice

These forms replace the previously filed and approved offer forms shown below:

Form File Name:

2008 Form WC Offer Form Dollar Amnt with DTEC

Form Title:

Policyholder Disclosure - Terrorism Insurance Premium Notice

Form File Name:

2008 TRIA Offer Form CWC with DTEC

Form Title:

Policyholder Disclosure - Terrorism Insurance Premium Notice

Anne Aschbrenner

State Filings Analyst

Liberty Mutual Group

PO BOX 8070

WAUSAU WI 54402-8070

1-877-792-8728, Ext. 7052

Anne.Aschbrenner@wausau.com

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2	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	heck #: N/A mount:
	efer to each state's checklist for additional state specific requirements or instructions or alculating fees.
	modiating roos.

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is p	part of Company Ti	racking # LWCF-0	CW-021-08	
2.	This filing corresponds to (Company tracking number o				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policyholder Disclosure - Terrorism Insurance Premium Notice	2008 Form CWC TRIA Included Sept 08 Revised	☐ New ☐ Replacement ☐ Withdrawn	Form File Name is: 2008 Form WC Offer Form Dollar Amnt with DTEC	
02	Policyholder Disclosure - Terrorism Insurance Premium Notice	Sept 2008 Revised WC TRIA Offer - Refer to Proposal	☐ New ☐ Replacement ☐ Withdrawn	Form File Name is: 2008 TRIA Offer Form CWC with DTEC	
03			New Replacement Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			New Replacement Withdrawn		
09			New Replacement Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

Forms List for Commercial Markets 2008 TRIA (non-DTEC) Offer Form Filing (Liberty Brand)

Form File Name	Form Title	Form Number	Edition Date
2008 Form CWC TRIA Included Sept 08 Revised	POLICYHOLDER DISCLOSURE - TERRORISM INSURANCE PREMIUM NOTICE	N/A	N/A
Sept 2008 Revised WC TRIA Offer - Refer to Proposal	POLICYHOLDER DISCLOSURE - TERRORISM INSURANCE PREMIUM NOTICE	N/A	N/A